

ENVIRONMENTAL COMPLIANCE PLAN

FACILITY DIRECTORY

FACILITY INFORMATION:

Business Name:		Business Phone:	
Site Address:			
City:	State:	Zip Code:	
Dun & Bradstreet Number:		SIC Code:	
Operator Name:		Operator Phone:	

BUSINESS OWNER INFORMATION:

Owner Name:		Owner Phone:	
Owner Mailing Address:			
City:	State:	Zip Code:	

ENVIRONMENTAL COMPLIANCE CONTACT: (ECP, permits and correspondence are mailed to this contact)

Contact Name:		Contact Phone:	
Mailing Address:			
City:	State:	Zip Code:	

EMERGENCY CONTACTS:

PRIMARY EMERGENCY COORDINATOR	SECONDARY EMERGENCY COORDINATOR
Name:	Name:
Title:	Title:
Business Phone:	Business Phone:
24-Hour Phone:	24-Hour Phone:
Cell Phone:	Cell Phone:

ADDITIONAL REQUIRED INFORMATION:

EPA ID #	Primary Business Activity:		
Property Owner:		Property Owner Phone:	
City:	State:	Zip Code:	
Shift Times: First	to	Second	to
No. of Employees /Shift:		Third	to

I am an officer of at least the level of Vice President, General Partner or Sole Proprietor. I hereby certify under penalty of law that this information was obtained in accordance with applicable requirements. Based on my inquiry of those individuals responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Print Name of Document Preparer:	Title:
Signature of Owner/Operator:	Date: